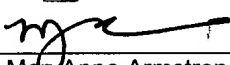
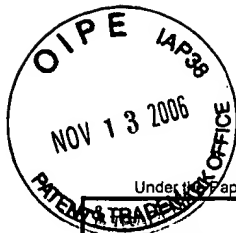


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| AMENDMENT TRANSMITTAL LETTER   |                                  |                                |                             | Docket No.<br>0230-0169P        |               |
|--|----------------------------------|--------------------------------|-----------------------------|---------------------------------|---------------|
| Application No.<br>09/937,905-Conf. #5513  |                                  | Filing Date<br>October 1, 2001 |                             | Examiner<br>E. Kemmerer         |               |
|  |                                  |                                |                             | Art Unit<br>1646                |               |
| Applicant(s): Shiken SHA et al.  |                                  |                                |                             |                                 |               |
| Invention: NOVEL PROTEINS, GENE ENCODING THE SAME AND METHOD OF UTILIZATION THEREOF  |                                  |                                |                             |                                 |               |
| <b>MS Amendment</b><br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |                                  |                                |                             |                                 |               |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |                                |                             |                                 |               |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                |                             |                                 |               |
| <b>CLAIMS AS AMENDED</b>   |                                  |                                |                             |                                 |               |
|  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate                            |               |
| Total Claims   | 23                               | - 23 =                         | 0                           | x 50.00                         | 0.00          |
| Independent Claims   | 4                                | - 3 =                          | 1                           | x 200.00                        | 200.00        |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                |                             |                                 |               |
| Other fee (please specify): Extension for response within second month; Statutory Disclaimer; Reissue independent claims in excess of three  |                                  |                                |                             |                                 | 780.00        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |                                  |                                |                             |                                 | <b>780.00</b> |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |                                  |                                |                             |                                 |               |
| <input type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                |                             |                                 |               |
| <input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____<br>A duplicate copy of this sheet is enclosed.   |                                  |                                |                             |                                 |               |
| <input checked="" type="checkbox"/> A check in the amount of \$ <u>780.00</u> is enclosed.   |                                  |                                |                             |                                 |               |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                |                             |                                 |               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed. |                                  |                                |                             |                                 |               |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |                                |                             |                                 |               |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                  |                                |                             |                                 |               |
| <br>Mary Anne Armstrong<br>Attorney Reg. No.: 40,069  |                                  |                                |                             | Dated: <u>November 13, 2006</u> |               |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8000   |                                  |                                |                             |                                 |               |



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|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><br><b>FEE TRANSMITTAL</b><br><b>For FY 2006</b><br><br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | <b>Complete if Known</b> |                        |
|   |  | Application Number       | 09/937,905-Conf. #5513 |
|   |  | Filing Date              | October 1, 2001        |
|   |  | First Named Inventor     | Shiken SHA             |
|   |  | Examiner Name            | E. Kemmerer            |
|   |  | Art Unit                 | 1646                   |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | (\$)                     | 780.00                 |
|   |  | Attorney Docket No.      | 0230-0169P             |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input checked="" type="checkbox"/> Check  | <input type="checkbox"/> Credit Card   |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None  |
| <input type="checkbox"/> Other (please identify): _____  |  |
| <input type="checkbox"/> Deposit Account   | Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |  |
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                            |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments  |

|   |                    |                     |   |                      |                                  |                      |                       |
|---|--------------------|---------------------|---|----------------------|----------------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                    |                     |   |                      |                                  |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                     |   |                      |                                  |                      |                       |
|   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                      | <b>EXAMINATION FEES</b>          |                      |                       |
|   |                    | <b>Small Entity</b> |   | <b>Small Entity</b>  |                                  | <b>Small Entity</b>  |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b> |
| Utility   | 300                | 150                 | 500   | 250                  | 200                              | 100                  |                       |
| Design  | 200                | 100                 | 100   | 50                   | 130                              | 65                   |                       |
| Plant   | 200                | 100                 | 300   | 150                  | 160                              | 80                   |                       |
| Reissue   | 300                | 150                 | 500   | 250                  | 600                              | 300                  |                       |
| Provisional   | 200                | 100                 | 0   | 0                    | 0                                | 0                    |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                     |   |                      |                                  |                      |                       |
|   |                    |                     |   |                      |                                  |                      | <b>Small Entity</b>   |
|   |                    |                     |   |                      |                                  |                      | <b>Fee (\$)</b>       |
| <b>Fee Description</b>  |                    |                     |   |                      |                                  |                      | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                    |                     |   |                      |                                  |                      | 50                    |
| Each independent claim over 3 (including Reissues)  |                    |                     |   |                      |                                  |                      | 200                   |
| Multiple dependent claims   |                    |                     |   |                      |                                  |                      | 360                   |
|   |                    |                     |   |                      |                                  |                      | 180                   |
| <b>Total Claims</b>   |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                      |                       |
| 23 - 23 = 0   |                    | x                   | 50.00   | =                    | 0.00                             |                      |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                    |                     |   |                      |                                  |                      |                       |
| <b>Indep. Claims</b>  |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                                  |                      |                       |
| 4 - 3 = 1   |                    | x                   | 200.00  | =                    | 200.00                           |                      |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                    |                     |   |                      |                                  |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                     |   |                      |                                  |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |   |                      |                                  |                      |                       |
| <b>Total Sheets</b>   |                    | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |                       |
| _____ - 100 = _____   |                    | /50                 | _____ (round up to a whole number) x                    |                      | _____                            | = _____              |                       |
| <b>4. OTHER FEE(S)</b>  |                    |                     |   |                      |                                  |                      |                       |
|   |                    |                     |   |                      |                                  |                      | <b>Fees Paid (\$)</b> |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                     |   |                      |                                  |                      |                       |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month  |                    |                     |   |                      |                                  |                      | 450.00                |
| 1814 Statutory Disclaimer   |                    |                     |   |                      |                                  |                      | 130.00                |

|                     |                    |                                   |                   |
|---------------------|--------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                    |                                   |                   |
| Signature           |                    | Registration No. (Attorney/Agent) | 40,069            |
| Name (Print/Type)   | MaryAnne Armstrong | Telephone                         | (703) 205-8000    |
|                     |                    | Date                              | November 13, 2006 |